

Bioterrorism Preparedness and Response Project Profile **Chicago** **(DRAFT)**

Updated: March 12, 2001

Source: Centers for Disease Control and Prevention/Bioterrorism Preparedness and Response Program

Focus Areas Funded	<ul style="list-style-type: none"> • Surveillance and Epidemiology – Core Capacity and Special Projects • Health Alert Network
Chicago has strengthened its capacity to respond to threats of bioterrorism by:	<ul style="list-style-type: none"> • Organizing Chicago's BT program in the Westside Center for Disease Control (WSCDC). The program includes professional staff: Medical Director of Acute Disease Surveillance (MD-ADS); Medical Director of Communicable Disease Program; epidemiology data manager; epidemiologists; communications coordinator; and administration and management support. • Developing and educating an Advisory Group: the BT Technical Advisory Group (B-Tag) consists of public health and community medical staff from the Chicago area. • Conducting an assessment of WSCDC information and communication systems, activities, and CDPH workforce skills and competencies. Offering computer training to staff based on priority needs. • Surveying city hospitals resources and readiness plans related to bioterrorism. Providing technical assistance to hospitals to write protocols and plans for handling patients and packages. • Establishing and supporting Internet connection links and other information/communication systems in CDPH. Purchased, installed, and connected computers and servers so that Internet access is available to key personnel. Will be connected to the Illinois DPH frame relay and the Public Health Information Network. • Establishing and supporting the technical infrastructure within CDPH to rapidly disseminate and receive broadcasts of health alerts and other urgent information. Created a contact database that is connected to a fax server for desktop broadcast fax capability. Hired a contractor to develop web-based reporting and communication between CDPH and the medical community. • Developing a plan to respond to bioterrorism by addressing the skills and knowledge of the workforce (CDPH, community institutions, providers, and individuals) so that they will be able to detect and respond to disease outbreaks related to bioterrorism. Developed training materials and exercises. • Enhancing and strengthening training system capacity with

	<p>emphasis on distance-based learning. Provided satellite downlink at WSCDC to a wider audience.</p> <ul style="list-style-type: none"> • Strengthening the organizational capacity of CDPH to respond to bioterrorism. Tracking the baseline for communications, contact databases, and training. Preparing written CDPH emergency notification protocol. Tested the emergency notification system and providing feedback.
<p>Project Year 2 Plans (August 31, 2000-August 30, 2001) include:</p>	<ul style="list-style-type: none"> • Developing a plan for public distribution of prophylaxis and/or vaccine, • Instituting procedures to improve the timeliness of reporting of infectious diseases and internal recognition of clusters of illness, • Working with hospitals to improve hospital surveillance internally, • Continuing to provide and enhance education to medical staff and infection control professionals regarding BT surveillance, • Providing ongoing training of department staff in informatics and bioterrorism, • Identifying a training coordinator to facilitate satellite and other forms of training, identify groups in need of training, and develop a resource manual for infection control professionals related to surveillance and disease reporting of BT agents, clusters of similar illnesses and unexplained deaths, • Enhancing and maintaining the communications linkages with hospitals and constituents, • Providing support for planning and testing of BT response plans via exercise scenarios, and • Supporting the development of standards for hospital preparedness.

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Anecdotes	<ul style="list-style-type: none"> • Conducted city-wide chem. and bio. drill on June 7, 2000 at Soldier Field and tested the information system. • Several outbreaks of diseases associated with foodborne illnesses were reported to CDPH based upon “clusters of illness” or “unusual illnesses”. These outbreaks were identified due to increased awareness of providers who received training and instructions regarding reporting practices. • Increased frequency of communication with medical providers was enabled through monthly newsletter distribution (previously 4-6/year) to updated and improved lists of constituents. • Improved technology has enables the rapid notification of area hospitals including notification about a cluster of <i>Haemophilus influenzae</i> illnesses in young infants and a potential outbreak of pertussis. • A 24-hour notification plan operated through the 311 non-emergency city system was developed. This system has

	enabled responses to multiple calls including a request for antitoxin for diphtheria, a chemical spill at a hospital and a call from the quarantine office at O'Hare regarding a seriously ill traveler on an overseas flight.
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5/2/2001